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		umem	raye	1013			
Fill	in this information to identify your case:				Check one box o	nly as directed in this form	and in
Deb	or 1 Vale Middle Name	Last Name					
Debt	or 2 se, if filing) First Name Middle Name	Last Name				presumption of abuse.	u e
	ed States Bankruptcy Court for the: District of	Cast Manie			abuse applie	ion to determine if a presump es will be made under <i>Chapte.</i> <i>Calculation</i> (Official Form 122	r7
	e number 25-10926 D.T.B. (1886)					Test does not apply now beca tary service but it could apply	
				Ţ	Check if this	is an amended filing	
Off	icial Form 122A–1						
Ch	apter 7 Statement of Your	Curre	nt Mo	nthly	Income)	12/19
space addit do no Abus	complete and accurate as possible. If two married people is needed, attach a separate sheet to this form. Includional pages, write your name and case number (if known thave primarily consumer debts or because of qualify a Under § 707(b)(2) (Official Form 122A-1Supp) with the Calculate Your Current Monthly Income	de the line r vn). If you b ring military	number to voelieve that	vhich the	additional inforr exempted from a	nation applies. On the top o presumption of abuse beca	f any iuse you
					d model and		
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11.				(collection)	MAR 1 8 2025	0.00072300 Au
	☐ Married and your spouse is filing with you. Fill out	both Colum	ns A and B,	lines 2-1	1.	WAII 1 0 LOLG	100
	Married and your spouse is NOT filing with you. Y	ou and you	r spouse a	re:			officer or a second
	☐ Living in the same household and are not leg						
	Living separately or are legally separated. Fill under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	e are legally	/ separated	under nor	bankruptcy law th	nat applies or that you and you	clare ur
	Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied diffill in the result. Do not include any income amount more income from that property in one column only. If you have	you are filin uring the 6 r than once.	g on Septer months, add For example	nber 15, t the incor , if both s	he 6-month period ne for all 6 months pouses own the s	would be March 1 through and divide the total by 6. ame rental property, put the	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, an (before all payroll deductions).	ıd commiss	sions		\$ 2,100	\$	
3.	Alimony and maintenance payments. Do not include particular to the column B is filled in.	ayments fror	n a spouse	if	\$	\$	
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, y and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3.	nclude regula your depend	ar contributi lents, paren	ons ts,	\$ <u></u>	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$	\$				
	Ordinary and necessary operating expenses	- \$	- \$				
	Net monthly income from a business, profession, or farm	\$	\$	Copy here→	\$	\$	
6.	Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 \$	Debtor 2				
	Ordinary and necessary operating expenses	- \$	- \$	Copy_			
_	Net monthly income from rental or other real property	\$	\$	here →	\$ <u> </u>	\$	
7.	Interest, dividends, and royalties				\$	\$	

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Debtor		ase number (if known)				
	First Name Middle Name Last Name					
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse			
8.	Unemployment compensation	\$ <u> </u>	\$			
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:					
	For you\$ For your spouse\$					
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ <u> </u>	\$			
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.					
	**************************************	\$	\$			
		\$	\$			
	Total amounts from separate pages, if any.	+\$ 2,100	+ \$			
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Tt 2: Determine Whether the Means Test Applies to You	\$ 2,100	Total current monthly income			
12.	Calculate your current monthly income for the year. Follow these steps:					
	12a. Copy your total current monthly income from line 11	Coj	py line 11 here → \$_2,100			
	Multiply by 12 (the number of months in a year).					
	12b. The result is your annual income for this part of the form.		12b. \$ <u>25,200</u>			
13.	Calculate the median family income that applies to you. Follow these steps:					
	Fill in the state in which you live.					
	Fill in the number of people in your household.					
Fill in the median family income for your state and size of household						
14.	How do the lines compare?					
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2					
14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.						

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Debtor 1	First Name Middle Name Last Name	Case number (if known)
Part 3:	Sign Below	
	By signing here, I declare under penalty of perjury	hat the information on this statement and in any attachments is true and correct.
	* Manhor	*
	Signature of Debtor 1	Signature of Debtor 2
	Date () 3 3 2025 MM / DD / YYYY	Date MM / DD /YYYY
	If you checked line 14a, do NOT fill out or file Fo	orm 122A–2.
	If you checked line 14b, fill out Form 122A-2 ar	d file it with this form.